

PART B - FEE(S) TRANSMITTAL

10-04-04

Complete and send this form, together with applicable fee(s), to: Mail

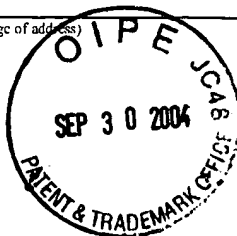
Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

21874 7590 08/06/2004

EDWARDS & ANGELL, LLP
P.O. BOX 55874
BOSTON, MA 02205



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Lee Dunkle	(Depositor's name)
<i>Lee Dunkle</i>	(Signature)
9/30/04	(Date)

10/05/2004 FHETEK12 00000023 10007790

01 FC:1501 1330.00 OP
02 FC:1504 300.00 OP
03 FC:8001 30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/007,790	11/13/2001	Yasuhisa Fukui	48977-DIV (71965)	1076

TITLE OF INVENTION: MONOCLONAL ANTIBODY RECOGNIZING PHOSPHATIDYLINOSITOL-3,4,5-TRIPHOSPHATE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> NO	\$665	\$300	\$965	11/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEVI, SARVAMANGALA J N	1645	435-007100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

David G. Conlin

Christine C. O'Day

EDWARDS & ANGELL, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(1) Medical & Biological Laboratories Co., Ltd.

(1) Aichi, JAPAN

(2) Yasuhisa FUKUI

(2) Tokyo, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge to any deficiencies or credit any overpayment, to Deposit Account Number XXXXXX (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

(Date)

Christ C. N.

9-30-04

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)



Docket No. 48977-DIV (71965)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Fukui et al.
SERIAL NO.: 10/007,790 GROUP: 1645
FILED: November 13, 2001 EXAMINER: S. Devi
FOR: MONOCLONAL ANTIBODY RECOGNIZING PHOSPHATIDYL-
INOSITOL-3,4,5-TRIPHOSPHATE

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. SECTION 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. section 1.18(a) and (b)):

Application status is:	Regular	Design
<input type="checkbox"/> small business entity fee	<input type="checkbox"/> \$ 665.00	<input type="checkbox"/> \$240.00
<input checked="" type="checkbox"/> other than a small entity fee	<input checked="" type="checkbox"/> \$1,330.00	<input type="checkbox"/> \$480.00
3. Publication fee	<input checked="" type="checkbox"/> \$ 300.00	
4. Advanced order of soft copies of patent fee	<input checked="" type="checkbox"/> \$ 30.00	

CERTIFICATION UNDER 37 C.F.R. § 1.10*
(Express Mail label number is *mandatory*.)
(Express Mail certification is *optional*.)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date September 30, 2004 in an envelope as "Express Mail Post Office to Addressee," mailing Label Number EV 517 913 822 US, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, MAIL STOP ISSUE FEE.

Lee Dunkle
(type or print name of person mailing paper)


Signature of person mailing paper

WARNING: Certificate of mailing (first class) or facsimile transmission procedures of 37 C.F.R. § 1.8 cannot be used to obtain a date of mailing or transmission for this correspondence.

***WARNING:** Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. § 1.10(b).

"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(Transmittal of Payment of Issue Fee—page 1 of 2)

Total Fee Enclosed: \$ 1660.00

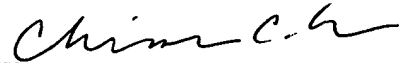
5. Payment of fee:

☒ Enclosed please find check for \$ 1660.00

☒ Charge Account 04-1105 for any fee deficiency.

☐ Charge Account _____ the sum of \$ _____.

A duplicate of this request is attached.



SIGNATURE OF PRACTITIONER

Reg. No. 38,256

Christine C. O'Day

(type or print name of practitioner)

Tel. No. (617) 439-4444

EDWARDS & ANGELL, LLP

P.O. Box 55874

P.O. Address

Customer No. 21874

Boston, Massachusetts 02205